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Form **PTO-43**  
(Rev. 6/99)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MN	926	24 27-01
RESPONSE FORMALITY REVIEW			

✓	.....	Rejected	N	Non-Selected
=	.....	Allowed	I	Interference
-	(Through numeral) .....	Canceled	A	Appeal
+	.....	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	7-18-03
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	○	○	
6	○	○	
7	○	○	
8	○	○	
9	○	○	
10	○	○	
11	○	○	
12	✓	✓	
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35	✓	✓	
36	✓	✓	
37	○	○	
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41	○	○	
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45	○	○	
46	○	○	
47	○	○	
48	✓	✓	
49	✓	✓	
50	○	○	

Final	Original	Claim	Date
51	✓	7-18-03	
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